



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

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## APPLICATION FOR REGISTRATION PRECEPTOR SITE - TRAINING OF EXTERN/INTERNS

**FEE: \$25.00**

**Expires: June 30, annually**

**Name of Training Site:** \_\_\_\_\_  
(Please Print)

**Pharmacy License Number:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City St Zip

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

In addition to the required reference library it is recommended that professional publications such as: US Pharmacist, Drug Topics, and Pharmacy Times, be available for use by the extern/intern.

I hereby certify that I have read and understand the Board of Pharmacy Laws and governing the training of externs/interns.

\_\_\_\_\_  
Signature of Pharmacist Applicant

\_\_\_\_\_  
Date

**Notice:** The Board may revoke a training site registration at any time for failure to perform according to Board of Pharmacy Rules.